

UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON

Civil Case No. 3:17-cv-01791

Daniel Walker

**Plaintiff(s),**

**v.**

APPLICATION FOR SPECIAL  
ADMISSION – *PRO HAC VICE*

Fred Meyer, Inc.

**Defendant(s).**

Attorney Faith C. Whittaker requests special admission *pro hac vice* in  
the above-captioned case.

**Certification of Attorney Seeking *Pro Hac Vice* Admission:** I have read and understand the  
requirements of LR 83-3, and certify that the following information is correct:

(1) **PERSONAL DATA:**

Name: Whittaker Faith C.  
(Last Name) (First Name) (MI) (Suffix)  
Firm or Business Affiliation: Dinsmore & Shohl LLP  
Mailing Address: 255 E. Fifth Street, Suite 1900  
City: Cincinnati State: Ohio Zip: 45202  
Phone Number: 513-977-8491 Fax Number: 513-977-8141  
Business E-mail Address: faith.whittaker@dinsmore.com

(2) **BAR ADMISSIONS INFORMATION:**

- (a) State bar admission(s), date(s) of admission, and bar ID number(s):  
Ohio, 11/5/2007, ID 0082486

- (b) Other federal court admission(s), date(s) of admission, and bar ID number(s):

U.S. District Court, Southern District of Ohio (1/23/08); U.S. District Court, Northern District of Ohio (1/6/11);

U.S. District Court, Northern District of Illinois (8/9/14); U.S. District Court, Western District of Michigan (1/19/11);

U.S. District Court, Colorado (11/6/14); U.S. Court of Appeals Sixth Circuit (11/7/07) and Seventh Circuit (2/18/11)

(3) **CERTIFICATION OF DISCIPLINARY ACTIONS:**

- (a) ☒ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or
- (b) ☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)

(4) **CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:**

Per LR 83-3(a)(3), I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.

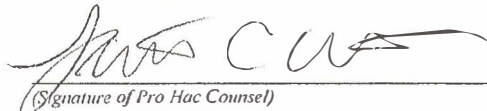
(5) **REPRESENTATION STATEMENT:**

I am representing the following party(s) in this case:  
Fred Meyer, Inc. - Defendant

(6) **CM/ECF REGISTRATION:**

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at [ord.uscourts.gov](http://ord.uscourts.gov)), and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 19th day of December, 2017



(Signature of Pro Hac Counsel)

Faith C. Whittaker

(Typed Name)

**REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:**

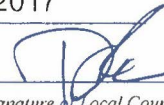
LR 83-3(a)(1) requires you to associate with local counsel unless are requesting waiver of the requirement under LR 45-1. To associate with local counsel, obtain the signature of local counsel in the following section. To request waiver of the requirement to associate with local counsel under LR 45-1, check the following box.

- ☐ I seek admission for the limited purpose of filing a motion related to a subpoena that this Court did not issue. Pursuant to LR 45-1(b), I request waiver of the requirement of LR 83-3(a)(1) to associate with local counsel and therefore do not include a certification from local counsel below.

**CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:**

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

DATED this 19<sup>th</sup> day of December, 2017

  
(Signature of Local Counsel)

Name: Richman Taylor D. Ph.D.  
(Last Name) (First Name) (MI) (Suffix)

Oregon State Bar Number: 154086

Firm or Business Affiliation: Miller Nash Graham & Dunn LLP

Mailing Address: 111 S.W. Fifth Avenue, 3400 U.S. Bancorp Tower

City: Portland State: Oregon Zip: 97204

Phone Number: 503.205.2375 Business E-mail Address: 503.224.0155

**COURT ACTION**

- ☐ Application approved subject to payment of fees.  
☐ Application denied.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Judge